

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

☐ Amended

State of Wisconsin

-VS-

**District Attorney Response
on Petition for Sentence
Adjustment
§973.195, Wis. Stats.**

_____, Defendant
Name

Date of Birth

Case No. _____

Count No. _____

DISTRICT ATTORNEY RESPONSE

Based on the Petition and attachment(s) received:

- ☐ 1. The district attorney objects to the Petition for Sentence Adjustment.
- ☐ 2. The district attorney does not object to the Petition for Sentence Adjustment.
- ☐ 3. The district attorney does not object to the Petition for Sentence Adjustment. The sentence is for an offense under §§940.225(2) or (3), 948.02(2), or 948.08, Wis. Stats. The victim ☐ objects ☐ does not object to the Petition for Sentence Adjustment.

District Attorney

Name Printed or Typed

Date

DISTRIBUTION:

1. Court
2. Victim(s)
3. Inmate